A REVIEW OF THE NEED FOR SERVICES PROVIDED BY THE RESIDENTIAL TREATMENT FACILITY

A REPORT TO THE 52ND LEGISLATIVE ASSEMBLY
AS REQUIRED BY THE PROVISIONS
OF HOUSE BILL 304

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It is important to note that there are efforts in place to help determine need for services for children and adolescents with emotional disturbances. The Department of Institutions publishes a Montana Mental Health Services State Plan and the Department of Family Services was directed by the 1989 Legislature, through House Bill 100, to outline and design a continuum of services for children and youth who are in the custody of the Department. Additionally, the DOI Children and Adolescent Service System Program has recently completed a Proposed Vision Statement for Mental Health Services to Children and Adolescents with Emotional Disturbance and Their Families. During research, the House Bill 304 study applied much of the information made available through these and other reports in developing a data and knowledge base.

PREFACE

Historically, services for children and adolescents with emotional disturbances have received a minimal amount of public examination. It is no surprise then, that this effort mandated through legislation during the 1989 Legislative Assembly was no easy task. There is no single source to provide information necessary to thoroughly analyze any one element of the service system for Montana youth with emotional disturbances. Such analysis necessarily involves all elements of a service system because any one child may need various levels of treatment for problems associated to emotional disturbance. A child's mental health service system needs will fluctuate as the level of his or her emotional disturbance increases or decreases. Therefore, any attempts at quantifying numbers of youth with emotional disturbances and the appropriate services for their most successful treatment must recognize that the world will not stand still long enough to allow for precision in those numbers.

The efforts behind putting this study together offers insight on a need for ongoing and coordinated data collection related to children's services. The interagency team recognized that each agency may have differing data sets to initially begin the study, so worked towards developing and presenting this report with a common perspective.

State agencies, their local counterparts, federal offices, service providers, advocates, parents and families, and all others involved would benefit from a team approach in developing and sharing accurate data and information. Coordination in planning for the future service needs of children and adolescents with varying degrees of emotional problems should result in helping implement and sustain a successful continuum of services.

INTRODUCTION

House Bill 304, as codified into Montana's Certificate of Need law (50-5-317 MCA - see APPENDIX A), directs the Department of Health and Environmental Sciences (DHES), with the Department of Family Services (DFS) and the Department of Social and Rehabilitation Services (SRS), to conduct a study that reviews and determines need for services provided in a residential treatment facility. The involvement of the Office of Public Instruction (OPI) and the Department of Institutions (DOI) in mental health issues relating to children and adolescents warrants their inclusion in this study.

The law directs this study to review "the need for services provided by the residential treatment facility." The Yellowstone Treatment Center (YTC) near Billings is currently the only facility in Montana that fits the definition of a residential treatment facility as established by House Bill 304.[1] YTC is provisionally licensed as a health care facility by DHES under the general licensing provisions in 50-5-201(2) MCA.[2]

Information required for this study include: 1) a count of the number of persons in the state between the ages of 5 and 21 who suffer from mental illness; 2) the number of persons between the ages of 5 and 21 who are placed in out-of-state facilities by DFS and Montana school districts; 3) a determination of the appropriate levels of care or treatment for these persons (ages 5-21) who suffer from mental illness and who are placed out-of-state for treatment; 4) a determination of the number of persons between the ages of 5 and 21 eligible for reimbursement of inpatient psychiatric services under the state Medicaid assistance program as outlined in 53-6-101 MCA; and, 5) the development of an appropriate methodology for determining the need for residential treatment services and beds.

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[1]50-5-101(40) MCA "Residential treatment facility" means a facility of not less than 30 beds that is operated by a nonprofit corporation or association for the primary purpose of providing long-term treatment services for mental illness in a nonhospital-based residential setting to persons under 21 years of age.

The terminology "residential treatment facilities" is also included in the definition of a health care facility found in 50-5-101(19) MCA.

[2]YTC is also licensed by DFS as a "child care agency: residential treatment center" under the provisions in 41-3-1141, 1142, 1143 MCA and ARM 11.12.101 through 11.12.114 and ARM 11.12.202 through 11.12.248.

NUMBER OF PERSONS 5-21 YEARS OLD WHO SUFFER FROM MENTAL ILLNESS IN MONTANA.

In estimating the population of persons 5 to 21 "who suffer from mental illness" in Montana, one issue requires immediate consideration. The interagency group agreed that the number of persons in the 18 to 21 year old range who have mental illness may need attention through similar study and tracking efforts, but do not apply to a study of the need for services in the residential treatment facility. Therefore, this study narrows the population group to the ages of 5 through 17.

While YTC does not currently serve this population group, individuals who are 18 to 21 years of age and in need of inpatient treatment for mental illness can be served in the adult mental health service system. At the present, it appears that the future development of residential treatment facility services will be offered for youth under the age 18, even though the law allows for the services up to the age of 21. The difference mainly results from Medicaid reimbursement for residential treatment facility services for individuals up to the age of 21 (ARM 46.12.590 and 42 CFR 441.151).

According to national and other states' prevalence data, 14 percent of the 5 to 17 year old population could fit a definition of emotionally disturbed (ED) and seriously emotionally disturbed (SED). Using preliminary census data current to December 1990, Montana's population was 794,329 residents. The 1980 Census affirmed that 29.48 percent of the total Montana population was 5 through 17 years of age (231,921 out of a total 786,690). The 1988 estimates by the Census indicated that 27.45 percent of the total population (221,000 out of an estimated 805,000) were youth 5 through 17 years of age. For purposes of this study, an average of the 1980 and 1988 percentages was used to arrive at 28.46 percent, or 226,067 individuals in the 5 through 17 age range. The result is 31,649 ED and SED children and adolescents in Montana who are ED and SED.

Caution must be used in reviewing this report. Even with the availability of prevalence studies, an exact number of children who have an emotional disturbance cannot be determined because sufficient data still does not exist, no one methodology has progressed to a level enabling exact numbers, the rural nature of Montana may suggest differences in prevalence as opposed to urban areas, and, the service needs of each specific child are subject to change.

OUT-OF-STATE PLACEMENTS

Department of Family Services

According to figures made available by the Department of Family Services and current to January 29, 1991, there are 64 Montana adolescents placed out-of-state for purposes of treatment for emotional disturbances. In general, the four categories that are relevant to these particular youth are related to sex offenses, severe mental illness according to the Diagnostic and Statistic Manual III-R, serious suicidal or self-mutilation tendencies, and serious abuse experienced in former living arrangements.

Office of Public Instruction

The Office of Public Instruction is aware of one (1) student currently placed out-of-state by public schools into a private residential program for the purpose of meeting that student's educational needs. All other placements have been made by courts or Montana state agencies for purposes of treatment and supervision.

APPROPRIATE LEVELS OF CARE OR TREATMENT

House Bill 304 directs the interagency group to determine the appropriate levels of care or treatment for children and adolescents in Montana. The types and levels of care available or what such a system of care may resemble can be found in the DFS House Bill 100 Report and the CASSP Vision Statement for Mental Health Services to Children and Adolescents with Emotional Disturbance and Their Families. The two descriptions are not necessarily the same, but both emphasize the need for a continuum of services. Such a continuum of services is most effective when all the components are in place and within reach, geographically and economically, of Montana's child and adolescent population.

According to the DFS House Bill 100 Report, available services for children and adolescents with emotional disturbances and their families are primarily provided through formal and informal contracts and agreements between the Department of Family Services, other state and local agencies, and non-profit and for-profit agencies and corporations. DFS categorizes its services under prevention, intervention, and residential.

1. Prevention services
    - Child abuse and neglect prevention
    - Juvenile delinquency prevention

2. Intervention - in-home family based services
    - Child abuse/neglect (CA/N) protective services
    - In-home family support services
    - Family or individual therapy and mental health services
    - Child protective services day care
    - Family-based services (FBS)

3. Intervention - out-of-home community-based services
    - Family foster care
    - Group home care
    - Shelter care
    - Specialized foster care
    - Therapeutic foster care
    - Therapeutic group home care
    - Independent living services
    - Permanency planning and adoption services
    - Other out-of-home services:
        - Youth evaluation program
        - Drug/alcohol treatment for indigent youth

4. Residential treatment and youth corrections services
    - Residential treatment services
    - Juvenile corrections services
        - Pine Hills School for boys
        - Mountain View School for girls
    - Inpatient psychiatric hospitalization

The CASSP Vision Statement for Mental Health Services for Children and Adolescents with Emotional Disturbance and Their Families describes eight components for a complete system of care. These components are:

1. Mental health services
2. Social services
3. Educational services
4. Health services
5. Vocational services
6. Recreational services
7. Juvenile correction services
8. Operational services

Mental health includes nonresidential prevention, assessment, outpatient treatment, home-based services, day treatment, and emergency services. Mental health residential services include therapeutic foster and group care, therapeutic camp treatment, independent living services, residential treatment services, crisis residential services, and inpatient hospitalization.

Social services include support for protective services, financial aid, home aides, and respite care. Shelter services, foster care, and adoption are also integral to social services.

Education includes assessment and planning, resource rooms, self-contained special education, special schools, home-bound instruction, residential schools, early identification and intervention services, and alternative programs.

The health component includes health education, early identification, intervention and prevention, screening and assessment, primary care, acute care, and long-term care.

Vocational services includes career education, vocational assessment, job survival skills training, vocational skills training, work experience, job finding, placement and retention services, shelter employment, and supported employment services.

Recreation includes relationships with significant other (i.e. Big Brothers/Big Sisters), after school programs, summer camps, special recreational projects (i.e. horseback riding classes provided by local riding academy).

Juvenile corrections includes the youth court system and probation services, correctional facilities, and aftercare services. Legal services, foster care substitutes, and case supervision are essential elements of the juvenile corrections component.

The operational services component includes services which do not belong to any one of the other components exclusively, but can

make the difference in the success of the system of care designed to the service needs of each specific child or adolescent. These services include case management, self-help and support groups, advocacy, transportation, legal services, information and referral services, public information programs, and volunteer programs (i.e. parent aides and employment tutors).

THE NUMBER OF PERSONS ELIGIBLE FOR MEDICAID REIMBURSEMENT

For Medicaid reimbursement purposes, "residential psychiatric care" is defined as "active psychiatric treatment provided in a residential treatment facility, to psychiatrically impaired individuals with persistent patterns of emotional, psychological or behavioral dysfunction of such severity as to require twenty-four hour supervised care to adequately treat or remediate their condition. Residential psychiatric care must be individualized, and designed to achieve the patient's discharge to less restrictive levels of care at the earliest possible time."

Medicaid may only reimburse for services that are deemed medically necessary. SRS utilizes a professional utilization review organization which prescreens all admissions to inpatient psychiatric facilities and conducts continued stay reviews at no greater than 28 day intervals. When continued inpatient treatment is determined to no longer be medically necessary (i.e. the patient's psychiatric condition can be adequately and appropriately treated in a less restrictive setting) or there is little likelihood of improvement to the point that the youth can be discharged from the inpatient setting, the youth is decertified for continued Medicaid reimbursement. The decision to discharge a recipient or continue that recipient in placement rests solely with the facility and the placing agency.

On the national level, the average length of stay for residential psychiatric treatment is 180-210 days (6-7 months). With the growing emphasis on community-based psychiatric treatment, it is likely that lengths of stay will continue to be reduced. However, for inpatient psychiatric hospitalization at Montana's Rivendell Hospitals, average length of stay is 49 days. Also, because of the acute care status of general hospitals in Montana, the few who offer inpatient psychiatric services to children and adolescents typically treats them an average of 7-10 days. While all three settings - residential treatment facility, freestanding psychiatric hospital, and acute care hospital - may offer inpatient psychiatric services, the intensity of treatment theoretically increases from the longer stay to shorter stay facilities.

Any person under 21 who is admitted to a freestanding psychiatric health care facility is potentially eligible for Medicaid. These particular SRS eligibility rules result in potentially every child and adolescent admitted to the Billings and Butte Rivendells, Shodair Hospital of Helena, and YTC as potentially becoming Medicaid eligible (ARM 46.12.4002, 46.12.4004, 46.12.4006). Even if a child is determined to be Medicaid eligible, his or her inpatient treatment must meet "medically necessary" criteria. If the inpatient treatment is determined to not be medically necessary, Medicaid will not reimburse the facility.

METHODOLOGY FOR DETERMINING NEED FOR SERVICES AND BEDS

House Bill 304's final requirement is to develop an "appropriate methodology for determining the need for residential treatment facility services and beds". An important factor for determining need for services in a residential treatment facility relies on studying what is available at the present. The model currently available for study, i.e. the services found at YTC, presented a confusing and unfortunate situation for the participants of the interagency group. First, the YTC is not necessarily providing the same services or services at similar costs than what YTC was providing previous to passage of House Bill 304. In fact, the new 18-bed Paul Stock Psychiatric Intensive Care (PIC) Unit recently constructed on the YTC campus was built to hospital standards and is designed to accommodate youth in need of inpatient psychiatric care.

The presence of the PIC Unit at the residential treatment facility, along with the less intensive services elsewhere on the YTC campus, indicate the facility's ability to offer a multi-level treatment program that may not be according to the original design of a residential treatment facility. However, DHES has provisionally licensed all 96 beds at YTC as residential treatment facility beds, not distinguishing between the more restrictive PIC Unit and the less restrictive campus units.

The second main problem encountered by the interagency group is the fact that YTC has been experiencing a transition that has yet to cease. Until the facility decides what services and at what levels are most appropriate for YTC's particular treatment arrangements, it will be difficult to try to determine need for those services. It is unclear, however, if the services finally agreed to be offered on a continuous basis by YTC will be the same as the services agreed to be offered during the House Bill 304 deliberations. It therefore becomes extremely difficult in trying to fulfill House Bill 304 requirements when it is still unknown as to what is to be a final definition of residential treatment services.

It is important to note that the interagency group did examine several of the elements necessary to determine need. First, in health care planning, utilization can be used as an indicator of need for services. In the area of residential treatment facilities, an influential factor in determining need based on utilization is an absence of the complete continuum of services for treating mental illness. Such an absence can lead to over-utilization of the services that are available (i.e. inpatient or residential psychiatric placement), inflating the utilization rate and thus projecting an inflated need. Utilization is a useful determinant of need when all the segments of a continuum of services are available.

Second, a determination of need is also influenced by the presence of other similar services. The new Psychiatric Intensive Treatment Unit at YTC provides an intense level of treatment not unlike inpatient psychiatric hospital treatment found elsewhere. Yet, other treatment services at YTC resemble therapeutic group home environments, also having similarities to group home treatment found in other locations.

Third, since this service is reviewable under Montana's Certificate of Need law, it may help to examine existing methodologies for determining need to assess the potential of applicability to residential treatment facilities. One comparison is the methodology used in providing inpatient chemical dependency services throughout the state. Such an assessment should consider local, regional, and statewide needs.

Finally, a determination of need for residential treatment facility services and beds must consider how each public agency is involved with the development of services and how their involvement may influence the determination of need.

SUMMARY

1. There are an estimated 31,649 children and adolescents in Montana who suffer from some level of emotional disturbance. This number is presented as being within a range because of the changing nature of the mental health service needs of this population group and the many unknowns in trying to quanitify an exact number.

2. As of the end of January 1991, there were a total 65 youths placed in out-of-state treatment by DFS (64) and public schools (1) for their mental health treatment or educational needs.

3. The most appropriate levels of care or treatment for Montana's population of children and adolescents surrounds the existence of a complete continuum of services in place and available. The continuum ranges from the least restrictive services that can be offered in a child's home or an an out-patient basis to the most restrictive treatment provided in a secure inpatient environment. Most important to the success of a service continuum is the need to have several levels of care operating and where all of Montana's children in need can access the services.

4. Because of eligibility rules, every child and adolescent who is admitted to the Rivendell Hospitals in Billings and Butte, the Shodair Hospital in Helena, and the Yellowstone Treatment Center near Billings is potentially Medicaid eligible.

5. In developing a methodology to determine need for services and beds, several considerations must be examined. Until it is clear exactly what a residential treatment facility is and what services will be a part of the permanent treatment programming, a method of determining need cannot be developed, implemented and uniformly applied. There are, however, several elements in place to begin the development of a methodology.

APPENDIX A

50-5-317. Study of residential treatment facility needs - authorization for change of use - licensing of existing facilities. (1) In order to determine the need for services provided by a residential treatment facility, the department, together with the department of family services and the department of social and rehabilitation services, shall:

(a) conduct a review of the need for services provided by the residential treatment facility. The review must include a determination of:

(i) the number of persons between 5 and 21 years of age who:

(A) suffer from mental illness in this state; and

(B) are placed in out-of-state facilities by the department of family services and Montana school districts;

(ii) the appropriate levels of care or treatment for the persons described in subsection (1)(a)(i); and

(iii) the potential number of persons described in subsection (1)(a)(i) eligible for reimbursement of inpatient psychiatric services under 53-6-101;

(b) develop an appropriate methodology for determining the need for residential treatment facility services and beds; and

(c) report their findings to the 52nd legislature.

(2) Except as provided in subsection (3), the department may not issue a certificate of need for a new residential treatment facility until after October 1, 1991.

(3) A person who operates an existing facility that meets the definition of a residential treatment facility on January 1, 1989, may receive a license to operate the facility as a residential treatment facility and need not obtain a certificate of need as otherwise required under 50-5-316.

History: En. sec. 4, Ch. 616, L. 1989.

Compiler's Comments

Effective Date: Section 9, Ch. 616, L. 1989, provided that this section is effective July 1, 1989.

APPENDIX B
STATE AGENCIES

Department of Family Services

The Department of Family Services is responsible for abused and neglected children and youth who are subsequently placed in the custody of the agency. These services are described in the section on Appropriate Levels of Care and Treatment in this study. Additionally, DFS is responsible for those individuals committed to youth correctional facilities in the state and for their aftercare upon release.

A synopsis of DFS involvement in services for children and adolescents includes responsibilities in prevention, intervention, residential and youth corrections.

Prevention services are directed at high risk groups in order to preclude the need for intervention. Preventive programs are the least costly, most appropriate for a majority of children and families who are at risk of interference of emotional disturbance and associated problems in their lives.

Intervention services are designed to provide assistance or treatment to identified individuals and families who are determined to be high risk. Services are obtainable in the home or out of home in the community.

Residential treatment and youth corrections services are out of home placements for specific individuals who have been determined to not immediately fit into a less restrictive alternative. The intent of such a level of treatment is to deal with the individual in a highly structured program with the goal of being able to place the individual backwards in the service continuum.

Department of Social and Rehabilitation Services

Through the Medicaid Program, the Department of Social and Rehabilitation Services reimburses several mental health related services. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/Kids Count Screening Program is a comprehensive screening exam which includes: a medical history; a physical examination including nutrition and development assessment; vision and hearing screening; routine laboratory tests; required immunizations; and, a yearly visit to the dentist for children age 3 or older.

Medicaid recipients under the age of 21 who have undergone the Kids Count screening can receive medically necessary services beyond previously established limits. For example, outpatient psychological services are currently subject to a 22 hour limit under ordinary circumstances for Medicaid participation. However, if a recipient has undergone the Kids Count screen and is determined to need extensive outpatient psychological services, the hour limit is waived as long as services remain medically necessary. This change in the program helps the involved social workers, probation officers, and others to obtain additional services for Medicaid recipients to prevent inpatient hospitalization or to help facilitate discharge from inpatient facilities.

Medically necessary inpatient psychiatric care is reimbursed in the Billings and Butte Rivendell facilities, Shodair of Helena, and Yellowstone Treatment Center for individuals under the age of 21. All placements are subject to preadmission and continued stay reviews.

Finally, Medicaid reimburses individual, group and family therapy provided by regional community mental health centers, licensed clinical psychologists, licensed clinical social workers, and medical doctors. Psychological testing is covered by Medicaid as are day treatment services provided by the regional mental health centers.

Office of Public Instruction

In Montana's public school system, students with emotional disturbances generally receive educational services which are provided through either a resource (part-time special education) or self-contained (full-time special education) classroom. Individual students who are a danger to themselves or others may be provided with a one-on-one teacher assistant. Counseling services are generally provided to the students via the school psychologist and/or a school counselor.

Through interagency agreements with local community mental health centers, school districts may be providing services such as group, individual, or family therapy to identified students by mental health professionals.

On rare occasions, a child may be placed in a residential placement by a public school for purposes of providing a free and appropriate public education. The residential placement option is the most restrictive setting in the continuum of alternative placements.

The Office of Public Instruction annually surveys Montana school districts to determine the number of emotionally disturbed youth. However, the statistics do not include children or youth who are not a part of the school system, or, those children who may exhibit some sort of emotional disturbance but are not disruptive to the extent that they would fit into OPI's category of "emotionally disturbed" (20-7-401(4) MCA). As of December 1, 1989, a Special Education child count indicated 15,713 students with handicaps were receiving special education services. Of those students, 683 had been identified as emotionally disturbed using the educational definition.

As long as a school is able to provide educational services for a potentially mentally ill child, then that child will probably not enter into the mental health system through a school referral.

Department of Institutions

By law, the Department of Institutions is the designated mental health authority for the State of Montana. Within the DOI, the Mental Health Division (MHD) is the administrative entity which implements state mental health policies. The MHD is responsible for the management of two residential components: the Montana State Hospital and the Center for the Aged. At present, however, the State does not provide inpatient psychiatric treatment for children or adolescents. Under a written agreement with the State, a private psychiatric hospital, Rivendell of Billings, reserves 40 beds for court-ordered youth between the ages of 12 and 18.

In addition to its institutional management role, the MHD purchases community mental health services, primarily from the five regional community mental health centers. Using a fee-for-service contracting mechanism, the MHD expends state funds and mental health block grant funds to purchase particular services for client populations which have been identified as priorities by state and federal governments.

Each year, the MHD purchases approximately $700,000 worth of services for children and adolescents from the mental health centers and from Friends of Youth in Missoula. Most of the funds purchase individual and family therapy services with some funding used for group therapy and adolescent day treatment. This year, the MHD is participating in the provision of start-up funding for a therapeutic foster care program in Great Falls. The MHD contracts are written to give the service providers a great deal of flexibility to decide which children to serve and how much of which services to provide. There is no mechanism to control which children receive the services purchased by the MHD.

The Mental Health Division also administers the Child and Adolescent Service System Program (CASSP). The National Institute for Mental Health developed CASSP in order to support states' interagency efforts to improve service systems for troubled children and youth. The federally funded project is intended to improved the availability of services to severely emotionally disturbed youth via the development of a complete "system of care" in the state. CASSP is beginning its second year of operation in Montana.

Finally, MHD recently began the second year of a project involving the provision of mental health services for emotionally disturbed children and adolescents which are coordinated with special education services. Under this program, local special education departments and mental health centers collaborate in providing services to students who have been identified as emotionally disturbed through the school's child study team procedures.

Department of Health and Environmental Sciences

The Department of Health and Environmental Sciences plays some of the less visible roles in relation to services for children and adolescents with emotional disturbances. In its mission to protect and promote the health of Montanans, DHES operates programs that influence the physical and mental development of children from their perinatal stages of life through adulthood. Such services include: services to detect and prevent handicapping conditions; the provision of nutritional dietary models for healthy growth; programs to reduce infant mortality and low birthweight births through proper prenatal care; testing for metabolic disease at birth; aid local governments, schools, and public health agencies in providing children's and family services; and, behavior monitoring and health education. The most important aspect of these programs is there common design around the concept of prevention.

Additionally, DHES is responsible for Certificate of Need review and subsequent licensure and certification of residential treatment facilities. Licensure of health care facilities requires annual on-site surveys for staffing and fire and life safety code compliance.